## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
F	OTAL CLAIM		(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			90					RATE	FEE	]	RATE	FEE.	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			# minus 20= *					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =			)		X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" i						olumn 2	į	TOTAL	385	OR	TOTAL		
	C					OTHER	THAN						
(Column 1) (Column 2) (Column								SMALL	ENTITY	OR	SMALL		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
	Independent	*	Minus	***	CL AIM	=		X43=		OR	X86=	6	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	ın 2)	(Column 3)	^	DDIT. FEE					
AMENDMENT B		CLAIMS REMAINING		HIGHE NUMB	ST	PRESENT	Γ		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NON	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=	,	OR	X86=		
	FIRST PRESE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=		
			•				L	TOTAL	<del></del>	OR	TOTAL		
							A	DDIT. FEE		Un ,	ADDIT. FEEL		
	<u> </u>	(Column 1) CLAIMS	• • • • •	(Colum HIGHE		(Column 3)	_	• •					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=	<b> </b>	X43=		. 1	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	7.00-		
• 44	the entry in colur		+145=		OR	+290=							
** [	the "Highest Nur	nber Previously Pai	d For IN THIS	SPACE is I	ess than	20. enter "20."	· AE	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE		
. 1	he "Highest Num	mber Previously Paid ber Previously Paid	RO FOR IN I HIS For (Total or	Independen	less thair t) is the	i 3, enter "3." highest number	•		opriate box			•	